## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Our Principles PAC	
	C C00603621
Check if 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Mentzer Media Services, Inc.	04 01 2016
Mailing Address 210 W. Pennsylvania Avenue	01 01 2010
Suite 250	Amount
City State Zip Code	1050.00
Towson MD 21204	Transaction ID : SE.5368  Date of Disbursement or Obligation
Purpose of Expenditure Media placement  Category/ Type	M - M / D - D / Y - Y - Y
Name of Federal Candidate Support Office	ce Sought: House District:
Donald J. Trump Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought  Dist	oursement For: X Primary General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mentzer Media Services, Inc.	04 01 2016
Mailing Address 210 W. Pennsylvania Avenue	04 01 2510
Suite 250	Amount
City State Zip Code	37490.00
Towson MD 21204	Transaction ID : SE.5371 Date of Disbursement or Obligation
Purpose of Expenditure Media placement  Category/ Type	Mam / Dad / Yayayay
Name of Federal Candidate Support Office	ce Sought: House District:
Donald J. Trump Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought  Dist 201	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	38540.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	04 01 2016
Signature	